

Application Data Sheet

Application Information

Application number:: ***Unknown***
Filing Date:: ***Herewith***
Application Type:: ***Regular***
Subject Matter:: ***Utility***
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: ***None***
Number of CD disks::
Number of copies of CDs::
Sequence submission?::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title :: ***SURGICAL SAW BLADE COUPLER***
Attorney Docket Number:: ***60,210-190***
Request for Early Publication?:: ***No***
Request for Non-Publication?:: ***No***
Suggested Drawing Figure::
Total Drawing Sheets:: ***6***
Small Entity?:: ***No***
Latin name::
Variety denomination name::
Petition included?:: ***No***
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: ***No***

Applicant Information

Applicant Authority Type::

Primary Citizenship Country:: **US**

Status::

Given Name:: **Andrew**

Middle Name::

Family Name:: **Gant**

Name Suffix::

City of Residence:: **Austin**

State or Province of Residence:: **Texas**

Country of Residence:: **United States**

Street of mailing address:: **12610 Riata Tr Pkwy, #422**

City of mailing address:: **Austin**

State or Province of mailing address:: **Texas**

Country of mailing address:: **United States**

Postal or Zip Code of mailing
address:: **78727**

Correspondence Information

Correspondence Customer Number :: **27305**

OR (ONLY USE ONE)

Name:: **No more than 50 characters**

Street of mailing address:: **No more than 50 characters per line, up to 2 lines**

City of mailing address:: **No more than 40 characters**

State or Province of mailing address:: **No more than 50 characters**

Country of mailing address:: **No more than 50 characters**

Postal or Zip Code of mailing address:: *No more than 20 characters*

Phone number:: *No more than 40 characters per line*

Fax Number: *No more than 40 characters per line*

E-Mail address:: *No more than 64 characters per line*

Representative Information

Representative Customer Number:: **27305**

-OR- (ONLY USE ONE OR THE OTHER)

Representative Designation:: *Primary or Associate* Registration Number:: **No more than 5 digits** Representative Name:: *No more than 50 characters*

Domestic Priority Information

Application No:: **60/425,461**

Continuity Type::
US Provisional

Filing Date::
November 12, 2002

Foreign Priority Information

Country:: Application number:: Filing Date:: Priority Claimed::

Assignee Information

Assignee name::	Stryker Instruments
Street of mailing address::	4100 East Milham
City of mailing address::	Kalamazoo
State or Province of mailing address::	Michigan
Country of mailing address::	United States
Postal or Zip Code of mailing address::	49001